2021

The Relationship of Societal Pressures and Disordered Eating Among Lebanese Women

Rita Hage

The Relationship of Societal Pressures and Disordered Eating Among Lebanese Women

by

Rita Hage

BA, University of California, Los Angeles, 2010
MA, American University of Beirut, 2014
MS, Antioch University New England, 2019

DISSERTATION

Submitted in partial fulfillment for the degree of
Doctor of Psychology in the Department of Clinical Psychology
at Antioch University New England, 2019

Keene, New Hampshire

Department of Clinical Psychology
DISSERTATION COMMITTEE PAGE

The undersigned have examined the dissertation entitled:

THE RELATIONSHIP OF SOCIETAL PRESSURES AND DISORDERED EATING AMONG LEBANESE WOMEN

presented on December 19, 2019

by

Rita Hage

Candidate for the degree of Doctor of Psychology
and hereby certify that it is accepted*.

Dissertation Committee Chairperson:
Kathi Borden, PhD

Dissertation Committee members:
Gina Pasquale, PsyD
Katherine Russell, PsyD

Accepted by the
Department of Clinical Psychology Chairperson
Vincent Pignatiello, PsyD
12/19/2019

*Signatures are on file with the Registrar's Office at Antioch University New England.

Dedication

I dedicate this dissertation to my father, Dr. Joe Hage, who is the reason for my achievements and success in life. I am grateful for his continuing and unwavering love, support, and sacrifices. Throughout my life, he continues to be my most important role model. I also dedicate this study to my mother, Myrna Hage. I am appreciative and thankful for her continuing love, encouragement, reassurance, and prayers in times of stress and difficulty. Both my parents have provided me the catalyst to continue my doctoral degree and dissertation research. I owe my success in life to both my parents who taught me the value of leadership, education, and sacrifice in achieving greater goals. Without their continued love, patience, and support I would not have achieved what I have accomplished in my life.

Acknowledgements

This dissertation represents the completion of a long journey with obstacles that seemed challenging and insurmountable at times. Completion of my dissertation would not have been achievable without the encouragement and support of my loving family and friends, as well as the collaboration and support from my colleagues and professors. I am truly grateful for all of them.

I would like to acknowledge and thank Dr. Kathi Borden, my academic advisor, professor, and committee chairperson, for her guidance, mentoring, and support throughout my endeavor. Her insight, understanding, and encouragement helped me stay focused on completing my long journey in the doctoral program and dissertation process successfully. I could not have done this difficult journey without her. I would like to thank Dr. Gina Pasquale and Dr. Katherine Russell, my dissertation committee members, for their support and encouragement through the writing of this dissertation.

I would like to thank my family. A special thank you to my father and mother, Dr. Joe Hage and Myrna Hage, and my sister, Karel Hage, for their unprecedented support, mentorship, and inspiration. Without their unwavering encouragement and support, I could not have completed my doctoral degree, let alone this dissertation. It is impossible to overstate the value and worth of the presence my parents and sister have in my life. I would also like to express my heartfelt thanks and gratitude to my best friends, Aline Hachem and Nassab Ouainy. They never stopped praying, encouraging, and supporting me throughout my doctoral journey. They both have always stood by my side, believed in me when things got tough, and gave me the extra push I needed. I am forever grateful and blessed to have them in my life.

Table of Contents

List of Tables

Abstract

Messages that women receive from the media, family, and peers are often intended to promote the female thin ideal, and these messages may contribute to the development of eating disorders. In Lebanese society, unrealistic standards for thinness are a central component of how Lebanese society defines glamour. The following paper examined the relationship of societal pressures on Lebanese women to meet these beauty expectations and how those pressures are related to disordered eating. Ninety Lebanese women between the ages of 18 and 39 responded to two questionnaires: (a) the Eating Attitudes Test-26 (EAT-26) and (b) the Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ-4). A correlation analysis indicated that there was a positive relationship between problematic eating and exposure to social pressures of thin ideals and beauty conveyed by family, peers, and media. Given the limited research examining eating disorders in Lebanon and other parts of the Middle East, the results of this study can be useful to help facilitate awareness of social pressure and advocate for necessary treatment facilities and programs for women in Lebanon.

Keywords: disordered eating, societal pressure, Lebanon, women, thinness, peer, media

The Relationship of Societal Pressures and the Development of Problem Eating Among Lebanese Women

The purpose of this quantitative correlational study was to examine the existence and extent of the relationship between disordered eating and societal pressures among Lebanese women. The following review of the scholarly literature includes the conceptual framework of the study, as well as information on eating disorders, pressure from family and peers, pressure from media, and generational standards of beauty. Key constructs related to eating disorders and societal pressures are discussed, and the literature review concludes with a discussion of the purpose of the study and the research questions.

Literature Review

Women and Society

Women look to society's ideals and norms for their personal perceptions of beauty. Polivy, Garner, and Garfinkel (1986) found that societal preferences greatly dictate physical appearance and definitions of beauty. Beauty is defined as "a combination of qualities, such as shape, colour, or form that pleases the aesthetic senses, especially the sight" (Oxford Dictionary, 2013). Surrounded by images of celebrities who are painfully thin and photoshopped, women in many societies feel pressured to look like the images they see. Because of the focus of popular culture on beauty and thinness, many women are determined to achieve these unrealistic ideals, using any method available to them to lose weight, regardless of whether it is risky or safe (Pinhas, Toner, Ali, Garfinkel, & Stuckless, 1999). Millions of women resort to food restriction, cosmetic surgery, and diet pills to enhance various parts of their bodies and minimize others (Saha & Saha, 2017). Pinhas et al. found that, as pressure increased on women to lose weight and

to change their looks so that they become more like the ideals society portrays, women felt more dissatisfaction about their bodies and looks.

Research has shown that in Western society, the beauty ideals and messages that females receive from the media, family, and peers help promote the female thin ideal, leading to the development of eating disorders (Le Grange, Lock, Loeb, & Nicholls, 2010; Stice, Maxfield, & Wells, 2003; van den Berg, Thompson, Obremski-Brandon, & Coovert, 2002). The *Dove Self-Esteem Project* featured a study to understand how women and girls across 13 countries felt about their appearance and body. Dove (2016) found that across the 13 countries, 87% of women will stop themselves from eating and put their health at risk to achieve a certain body weight. The study revealed that 69% of women and 65% of girls felt pressure from television and other media to reach these unrealistic standards. Moreover, the survey showed that 60% of women believed that they had to achieve the unrealistic beauty standards portrayed in their society and media to achieve a better and happier life. The Dove study suggested that women can be affected negatively by exposure to beauty and thin ideals, resulting in poor mental and physical health, as well as failure to recognize their full natural beauty and worth (Dove, 2016).

Pressure from Family and Peers

Family and peers are important socializing agents serving as messengers of societal values to be thin, which could encourage disordered eating (Meyer & Gast, 2008; Stice, Maxfield, & Wells, 2003). Western studies have shown that women who lived in a critical family environment dominated by dialogues about thinness and weight were at increased risk for eating disorders (Haworth-Hoeppner, 2000). In addition to family environments, Western studies suggested that peers who placed pressure on others regarding beauty and thin ideals helped influence the presence of eating disorders (Stice et al., 2003). Societal pressures to be thin

appeared to have a greater negative effect on women when messages originated from closer related people, such as family and peers, compared to messages from those with more distant relationships.

Peers and family contribute to pressure on women regarding weight-loss attitudes and behaviors. Whale, Gillison, and Smith (2014) investigated the relationship of women's attitudes and reason for losing weight to societal pressures surrounding weight loss and attitudes toward weight. The authors conducted semistructured qualitative interviews with women who were attending commercial weight-loss programs. The researchers found that women believed their primary reason for losing weight was external pressure. Rather than having personal values motivate the participants, women tried to lose weight because of the pressures they faced from family and friends. Participants expressed that the comments and reactions they experienced from family and friends about weight and unrealistic thin ideals brought up negative emotions. Even when participants were successful in their weight loss regime, they still did not feel that the weight change was enough for their family and friends (Whale et al., 2014). This study showed that women are influenced by their perception of family and peer pressure to partake in weight-loss behaviors.

Studies have shown that sociocultural influences, such as peers and family, can contribute to the development of eating disorder attitudes and behaviors. Linville, Stice, Gau, and O'Neil (2011) examined whether maternal and peer attitudes about the importance of thinness might be associated with eating disorders in adolescent girls. A sample of 483 adolescent girls between the ages of 15–19 were given questionnaires that measured thin-ideal internalization, body dissatisfaction, social support, pressure to be thin, and bulimic symptoms. The researchers found that maternal and peer views of thin ideals significantly predicted bulimic symptoms in

adolescent girls (Linville et al., 2011). These findings demonstrated that unhealthy attitudes and behaviors from family members and peers are associated with an increased risk for exhibiting eating disorder symptoms.

Rhodes and Kroger (1992) found that young women who lived in a family where pressures for beauty and thinness were greatly emphasized were at risk for disordered eating. In particular, mother-daughter relationships have been shown to contribute to eating disorders in young women. Studies have also found connections between the parents' own dieting behaviors and concern about weight, and the parents' encouragement of their children to lose weight (Krones, Stice, Batres, & Orjada, 2005). Further, parental judgments, remarks, and comments concerning weight and shape of their children have been shown to be associated with eating disorders. Feedback that young women receive from parents and family concerning their appearance exerted pressure to follow cultural ideals of thinness and beauty. Because young girls and women want to win parental and family approval, they internalize these pressures, and this may increase their risk of developing eating disorders (Krones et al., 2005).

Research showed that peer pressure about beauty and thinness was related to the development of eating disorders, especially when winning approval and respect relied on closeness, conformity, and friendship (Smolak & Levine, 2015). Peers can influence each other on the development of disordered eating through modeling, discussing weight and eating issues, mocking, and teasing. Many young adolescent girls and women believed that being beautiful and thin would help increase their popularity among peers (Oliver & Thelen, 1996). Therefore, these pressures to change their appearance in order to be likeable and popular has been shown to be associated with disordered eating.

Pressure from Media

Research has revealed that the media added pressure on women to be beautiful and thin, and that these unrealistic messages predicted disordered eating (Ata, Ludden, & Lally, 2007; Derenne & Beresin, 2014; Smolak & Levine, 2015; Thompson & Heinberg, 1999). The mass media represented standards of beauty through celebrities and models whom women idolized and admired (Derenne & Beresin, 2014). Park (2005) examined the effects of magazine images of beauty and thinness portrayed as the ideal and determined that women who read beauty and fashion magazines had an increased desire for thinness. Cahill and Mussap (2007) studied the emotional well-being of women exposed to images of thin bodies in the media. The study concluded that after exposure to these thin images, women experienced a decrease in self-esteem and an increase in their level of anger, anxiety, body dissatisfaction, and depression. Studies have revealed that perceived pressure from the media to be beautiful and thin have contributed to the development of eating disorder symptoms in adolescent girls and women (Thompson & van den Berg, 2000).

Research has enhanced our understanding of the media's influence on eating disorders and their symptoms. Harrison and Cantor (1997) studied the relationship between women's media use and disordered eating. The researchers exposed a group of American college women to selectively watch television shows and another group to selectively read magazine articles. The television shows used in the experiment depicted mainly thin actors and the magazines highlighted thin models and dieting behavior. Participants filled out the Eating Attitudes Test (EAT) and the media influence questionnaire. The authors concluded that women's media consumption was a significant predictor of their eating attitudes and their ambition and determination for thinness and dieting. Harrison and Cantor discovered that females who were

exposed to these magazines and television shows had high levels of disturbed eating. Overall, through internalizing the unhealthy beauty ideals, social comparison, and self-objectification of these media outlets, women began to partake in disordered eating (Harrison & Cantor, 1997).

Several studies have shown that exposure to media pressures for beauty is a behavioral and emotional risk factor, which can promote eating disturbances among women (Berel & Irving, 1998; Irving, 2001; Levine & Murnen, 2009). For example, Dakanalis et al. (2014) studied whether sociocultural standards of beauty promoted by the media could lead to disordered eating. A sample of 408 young Italian women completed questionnaires that measured the internalization of media ideals and disordered eating behaviors. The researchers also examined body surveillance, body shame, and social anxiety in the women. The authors found that the internalization of media ideals was associated with body surveillance, which in turn was related to body shame and social anxiety, which strongly predicted women's disordered eating behaviors (Dakanalis et al., 2014). This study indicates that the social influence of media is relevant to disordered eating, and perceived pressure for beauty and thin ideals is related to eating disturbances among women.

Generational Standards of Beauty

Societal pressures of beauty towards women have increased over the years. According to Featherstone (1982), consumer culture shapes the female body image through cosmetics, fashion, celebrity role models, and media advertisements. Mazur (1986) asserted that in past generations, overweight women were considered attractive. For example, during the early era of movies, idealized women flaunted curvier bodies than today. Famous actresses, like Marilyn Monroe and Sophia Loren, were known to be curvy and voluptuous sex symbols. Heavy-bodied voluptuous women were favored in burlesque shows, exposing larger busts and wider hips, than in today's

entertainment industry. In the 1880s, women in the United States were worried about being too thin so they used padding in their clothes and forced themselves to eat. Even during the Renaissance period, women were not concerned with extra weight. In erotic art and paintings of ancient cultures, women were portrayed as short, rounded, heavy-legged, and curved. The ideal beauty of that era consisted of more voluptuous and full-figured women. In previous generations, the stereotypical thin-waisted women that one sees in today's society were not viewed as attractive (Mazur, 1986).

Not only Western culture, but the Middle East has seen a great shift in the standards of beauty. In the past, men preferred curvy and voluptuous women and considered them highly desirable (Musaiger, 2015). In the days of the Ottoman Empire, Middle Eastern women were traditionally seen as beautiful if they were overweight, and women during that time period had big appetites (Ze'evi, 2006). Skinny and small-framed women were not considered attractive or desirable; men desired and adored heavier women. In past generations, being voluptuous and curvy marked a woman's social status; a woman who was curvaceous was considered wealthy and noble because she had a surplus of food. Middle Eastern men preferred and desired a large-framed wife because they believed she would be more fertile to bear many children (Ze'evi, 2006). Like Western culture, the Middle East has undergone a shift in common ideals and standards of beauty and attractiveness, moving toward a more recent view that thinness equates with beauty (Brannen, Dodd, Oakley, & Storey, 1994).

Beauty and Appearance are Greatly Emphasized in Lebanon

Over the years, sociocultural factors emphasizing physical beauty have subjected Lebanese women to increased pressure to lose weight and change their appearance (Khawaja & Afifi, 2004). In Lebanese society, unrealistic standards for thinness are a central component of

definitions of glamour (Abou-Rizk & Rail, 2012). Several media outlets have voted Lebanon as one of the top ten countries in the world with the most beautiful women (Arabic Pages, 2015); yet Lebanese women are considered among the most beautiful women in the Middle East because of the severe grooming, reliance on plastic surgery, and rigorous weight control regimen they follow (Doherty, 2008). Lebanese women are famous for spending abundant amounts of money and time to pursue stereotyped images of glamour and beauty (Doherty, 2008).

Lebanon is known as the plastic surgery mecca of the Middle East, and surgically enhanced beauty has become the norm (Mallat, 2011). Lebanon is a country where dieticians and plastic surgeons are treated like leaders and gurus, and women continuously seek information about the eating plans, diets, and plastic surgery procedures that are currently trendy (Khalaf, 2012; Mallat, 2011). To lose weight, increasing numbers of Lebanese women have resorted to drastic procedures such as jaw tightening to prevent eating, or injecting Botox into the stomach to reach satiety quickly by prematurely signaling the stomach's fullness to the brain (Alghoul, 2017). Lebanese women are constantly pressured by family and peers to aim for high beauty and thin ideals (Schipper, 2004).

Khalaf (2012) stated that in Lebanon, as in many Arab countries, marriage is viewed as a requirement and an obligatory milestone in a woman's life. In most Arab countries, a woman's priority is not to finish her education or launch her career, but to secure her future husband and start a family. The roles of Lebanese men and women are governed by a patriarchal system (Suad, 1994). In general, men are expected to provide for their families, and are responsible for providing the family's material welfare. Whereas, Lebanese women are expected to bear and raise the children and women are taught to respect and defer to their fathers, husbands, and brothers.

Family and peers apply constant pressure on Lebanese women to aim for beauty and thin ideals if these women wish to find a decent suitor and get married (Schipper, 2004). As men have emigrated from Lebanon to pursue their careers abroad, women started outnumbering men, with five women available for every eligible man (Khalaf, 2012; Mallat, 2011). This ratio only increases women's competition with one another to find the perfect husband (Mallat, 2011; Yazbeck, 2007). Lane (2012) found that Lebanese men want certain desirable traits in the woman they marry. In general, Lebanese men look for women who are skinny and fashionable, with thick and long hair, large almond shaped eyes, large breasts, and a curvy bottom. Consequently, with the high standards of beauty Lebanese men require of women and the low ratio of men in Lebanon, Lebanese women believe they must use any means necessary to improve their appearance to attract a husband. The pressure on women to be thin and beautiful is prevalent in Lebanon because Lebanese men believe that if a woman is not married by her 30s, she must have mental or physical health issues or be unable to bear children (Beirut AFP, 2010).

As social creatures, human beings respond to their social and immediate environments, and their culture helps define their attitudes, beliefs, and behaviors. In the Lebanese collectivistic culture, conformity and peer pressure are greatly emphasized. Studies showed that conformity rates are higher in collectivistic countries than those in individualistic countries (Myers & Twenge, 2017). The Lebanese people have a great human desire for social acceptance and the word conformity carries a positive connotation in Lebanon. Social acceptance for women in Lebanon means to be beautiful, thin, and desirable, which may unfortunately lead to risks of eating disorders and unhealthy dieting. By conforming to and complying with the beauty and thin ideals set by family, society, and men, women strive to be accepted and avoid rejection.

Myers and Twenge (2017) found that individuals are influenced by peers who in turn help these individuals gain a social identity while meeting different human needs to affiliate, belong, and connect with others. Peers contribute to a woman's sense of belonging and her feelings of self-worth as she begins to view her peers as a source of information for validation. Individuals often conform to the group's standards, dress code, views, and behaviors to earn approval (Myers & Twenge, 2017). Lebanese peer groups create strong and unrealistic expectations for appearance and behavior, which tend to ruin the positive rewards associated with peer interaction.

Societal pressures influence Lebanese women on an ongoing basis to change their attitude, behaviors, and appearance to conform to the norms of Lebanese society. Western literature has shown that family, peer, and media pressures to be beautiful and thin can indeed contribute to increased body dissatisfaction and disordered eating among women (Derenne & Beresin, 2014; Meyer & Gast, 2008; Smolak & Levine, 2015; Stice et al., 2003). However, little research has been done in Lebanon to see how these beauty and weight-related standards impact women.

Definition of Key Constructs

Eating disorders. Eating disorders are a persistent and debilitating form of psychopathology that can have a profound negative and dangerous influence on one's life. According to the American Psychiatric Association (2013), "Eating disorders are characterized by a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food that significantly impairs physical health or psychosocial functioning" (p. 329). The three most common types of eating disorders are (a) anorexia nervosa, (b) bulimia nervosa, and (c) binge eating. *Anorexia nervosa* is an eating disorder depicted by

having “an intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain…or persistent lack of recognition of the seriousness of the current low body weight” (American Psychiatric Association, 2013, p. 338–339). Typically, people diagnosed with anorexia nervosa restrict the types of food they eat and the calorie intake because these individuals consider themselves overweight, even though they are not (Castonguay & Oltmanns, 2013).

Bulimia nervosa is an emotion-based disorder whereby food is consumed in excessive quantities only to be followed by compensating behaviors, such as extreme exercise, forced vomiting, or the use of laxative drugs (Lemberg & Cohn, 1999). Individuals suffering from *binge eating disorder* will consume a large amount of food, often lose control over their eating habits, and not compensate for their excessive eating with behaviors such as purging, fasting, or extreme exercise. Many people suffering from a binge eating disorder have problems with obesity and develop other medical conditions such as cardiovascular disease and diabetes (Lemberg & Cohn, 1999).

Societal pressure. Societal pressures are expectations that affect the entire community, and influence people’s decisions in some way, be it positive or negative. Society plays a major role in determining the expected and appropriate actions of a person (Shin, You, & Kim, 2017). Through societal pressure, people can be influenced or encouraged by others to change their attitudes, values, or behaviors to conform to those of an influencing group or individual. There are numerous sources of societal pressures, such as mass media, family, and peers (Shin et al., 2017).

Statement of Purpose

The number of studies on eating disorders in the Middle East is greatly disproportionate to the actual effect of disordered eating within the region (Alghoul, 2017). Most research on disordered eating is conducted with women in Western cultures; therefore, it is possible that readers may get the impression that disordered eating is associated with only White American and European females. However, there are many individuals from different cultures and ethnicities who develop disordered eating behaviors. While there is evidence to support the influence of societal pressures on eating disorders in Western societies, there is a scarcity of studies on the existence of disordered eating in Lebanon and their relationship to societal pressures for women to be beautiful and thin. By describing how disordered eating is manifested in Lebanon, potential risk factors can be recognized, allowing for early treatment, prevention, and education. This study is poised to add to the body of knowledge concerning the relationship between societal pressures and disordered eating in Lebanese women.

The purpose of this quantitative correlational study was to examine the relationship of media, family, and peer pressures to achieve thinness and the eating habits of Lebanese women. It was hypothesized that there would be a significant correlation between media, peer, and family influence in relation to disordered eating. This study was focused on Lebanese women and not Lebanese men because there is more pressure on women to uphold the thin and beauty ideals in Lebanese society.

Research Questions

This study was intended to answer three principal research questions:

1. To what extent is the exposure to messages of thin-ideal, beauty, and attractiveness portrayed in the mass media correlated with disordered eating?
2. To what extent is the exposure to messages of thin-ideal, beauty, and attractiveness portrayed by family pressure correlated with disordered eating?
3. To what extent is the exposure to messages of thin-ideal, beauty, and attractiveness portrayed in peer pressure correlated with disordered eating?

Method

Participants

Participants consisted of 90 Lebanese women between 18 and 39 years of age. Among the participants, 18.9% of the women were 18–24 years old, 35.6% were 25–30 years old, 23.3% were 31–35 years old, and 22.2% were 36–39 years old. Among the participants, 4.4% did not report an education level, 12.2% had a high school degree, 48.9% had a bachelor's degree, 27.8% had a master's degree, and 6.7% had some type of a professional or doctorate degree. Participants were asked if they had any medical issues that might impact the way they eat. Five of the participants reported having medical issues, such as diabetes, a fatty liver, gastroesophageal reflux disease, and low levels of ferritin. The five participants who indicated having medical issues were removed from the analysis in order to reduce variability in eating behaviors due to medical recommendations. Among the participants, 8.9% did not report their home city, 30% reported living in the capital Beirut, and 61.1% reported living in the suburbs of Beirut or other regions of Lebanon.

Measures

Background information on participants was assessed with a demographic survey that was developed for this study, as shown in Appendix A. The survey included information about participants' gender, education level, ethnicity, and age. Participants were asked questions to determine if they were raised in Lebanon, and whether they were currently living in Lebanon. If participants were living in Lebanon, they were asked to identify the geographical area where they lived. Participants were asked whether they had any medical issues that might have influenced the way they ate. Women who were not Lebanese, not raised in Lebanon, not currently living in Lebanon, had a medical condition that influenced their eating, or were not within the 20–39 age group were excluded from the study.

Disordered eating. The Eating Attitudes Test (EAT-26) is a widely-used, standardized, self-report questionnaire administered to measure a wide range of symptoms related to eating disorder attitudes and behaviors (Jones, Bennett, Olmsted, Lawson, & Rodin, 2001). Since its development (Garner, Olmsted, Bohr, & Garfinkel, 1982), the EAT-26 has been used among various cultures, age groups, and research samples (Mintz & O'Halloran, 2010; Nunes, Camey, Olinto, & Mari, 2005). The questionnaire consists of 26 items, which are answered using a 6-point Likert-type scale (1 = always; 2 = usually; 3 = often; 4 = sometimes; 5 = rarely; 6 = never). Scores on the EAT-26 are summed for a total score (Jones et al., 2001). Scores equal to or greater than 20 are considered indicative of disordered eating thoughts and behaviors. The EAT-26 questionnaire is not intended to make a diagnosis of an eating disorder or take the place of a professional diagnosis or consultation. The EAT-26 is a useful tool for assessing and screening eating disorder risks (Jones et al., 2001). According to Lane, Lane, and Matheson (2004), the EAT-26 instrument has an internal consistency with an alpha coefficient of .94. The

EAT-26 is a reliable screening questionnaire with a Cronbach alpha coefficient of .90 (Jones et al., 2001).

Societal pressures on appearance. Research has shown several negative consequences associated with negative body image and eating pathology (Grossbard, Lee, Neighbors, & Larimer, 2009). Therefore, Thompson et al. (2011) developed the Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ-4) to understand what social agents could cause pressure on individuals to internalize appearance and beauty ideals. The SATAQ-4 measures the internalization of societal pressures regarding appearance and body fat (Rodgers et al., 2016). This questionnaire has five subscales: (a) the internalization of thin/low body fat, (b) internalization of muscular/athletic, (c) family pressures, (d) peer pressures, and (e) media pressures. Participants were given the whole questionnaire. However, because the study evaluated family, peer, and media pressures that participants might be facing, only three of the questionnaire subscales were used in the analysis. The SATAQ-4 consists of 22 items, which are answered using a 5-point Likert-type scale (1 = disagree; 2 = mostly disagree; 3 = neither agree nor disagree; 4 = mostly agree; 5 = definitely agree). The SATAQ-4 has proven reliability and convergent validity (Rodgers et al., 2016). Schaefer et al. (2015) determined that the SATAQ-4 instrument was reliable with a Cronbach alpha value of .82 or higher.

Procedure

The present study was approved by the Antioch University New England Institutional Review Board (IRB). Participants were recruited by electronic mail to fill out the demographic form and the two online questionnaires on a secure website called doctoralsurveys.com. Doctoral Surveys is a website set up and managed by a researcher at a secure data center in the Netherlands. The site used a Secure Socket Layers (SSL) certificate and the Secure Hyper Text

Transfer Protocol (HTTPS) to ensure the security of the collected data as they were transmitted over the Internet. No one other than the me had access to the administrative interface of the website.

The email invitations were sent out via Digital ITS, an email marketing services company in Beirut. I contacted the Digital ITS marketing company in Lebanon to select the appropriate marketing database for this study. The company sent out 150,000 e-mail invitations to Lebanese women from the Digital ITS database in five batches over a period of two days. The e-mail marketing services company had access to these individuals who had opted into their mailing list and signed up to receive the company's newsletters and mailings.

All participants received an introductory electronic mail containing a link to the Doctoral Surveys website that provided the online surveys, shown in Appendix B. The email invited women to participate and included a link to the informed consent form, the demographic form, and the two measures (EAT-26 and SATAQ-4). The email invitations targeted 150,000 recipients in Lebanon in consecutive batches of recruitment, until the desired sample size was reached. Digital ITS reported that 101,105 people viewed the e-mail and 638 people clicked on the link to the surveys. Digital ITS was not able to report how many of these women started and did not complete the online questionnaires. Appropriate guidelines and polices regarding mass emails were observed before sending invitations to participate in the study.

At the start of the study, participants were shown an informed consent form that provided a brief overview of the subject of the study, a request for their voluntary participation, the confidentiality procedures, along with the procedures, risks, and benefits (see Appendix C). Confidentiality and anonymity of participants were discussed in the informed consent form. I informed participants that all information provided would remain confidential. No one other than

the researcher had possession or access to the collected data. Neither I nor the Digital ITS marketing company had the ability to trace any of the responses back to the participants. Participants accepted the informed consent form by clicking the Accept button on the online form. When participants accepted the terms of the informed consent, they were presented with the demographic information form, then the EAT-26 survey followed by the SATAQ-4. Data collection lasted approximately five weeks.

All forms and surveys were filled out and submitted online using a secure connection to the participants' Web browser. Other than me, no other individual was involved in data analysis, data backups, and information technology services. Participation in the study was completely voluntary and participants had the choice to reject the invitation to partake in the study or withdraw from the study at any time without penalties or giving any reason. Participants could ask any questions through an e-mail especially set up for this purpose. My e-mail information was provided in the e-mail content for recruiting participants and in the informed consent form before the questionnaires were administered.

Analysis

After the data were gathered, the survey results were extracted from the online database into a single Microsoft Excel file. The Microsoft Excel file was then imported into an IBM Statistical Package for Social Sciences (SPSS) data file for later analysis. The study was conducted using a correlational analysis to study the relationship between societal pressure (predictor variable) and disordered eating (criterion variable) among Lebanese women. The analysis used self-reported data from women in Lebanon.

The statistical analysis of the demographic variables consisted of descriptive statistics to describe the sample characteristics. A sum composite score was calculated from the EAT-26 and

the SATAQ-4. The SATAQ-4 questionnaire had five subscales: (a) the internalization of thin/low body fat, (b) internalization of muscular/athletic, (c) family pressures, (d) peer pressures, and (e) media pressures. Means and standard deviations were calculated only for family, peers, and media influences. Finally, a Pearson correlation was calculated to analyze the relationship of each of the three different societal pressures with self-reported problematic eating among Lebanese women.

Results

The purpose of this quantitative correlational study was to determine the relationship between disordered eating and perceived societal pressures among Lebanese women. A Pearson correlation statistic was computed between disordered eating and each of the societal pressure dimensions (mass media, family, and peers) to measure the relationship between the two variables. The following is a review of the results of the analyses and the corresponding hypotheses.

Reliability and Validity of Survey Instruments

Researchers must be concerned with the reliability and dependability of measurement tools when conducting their analysis and reaching conclusions through survey instruments (Cronbach, 1951). Therefore, the Cronbach alpha reliability test for both instruments was used in this study (the EAT-26 and the SATAQ-4) to measure their reliability. For this study, the Cronbach alpha reliability test for the EAT-26 instrument across the entire sample showed a value of .93 and for the SATAQ-4 instrument, the Cronbach alpha value was .96, as shown in Table 1. The Cronbach alpha reliability test was also done for each of the three societal pressure subscales (peers, family, and media) from the SATAQ-4 instrument. As shown in Table 1, the Cronbach alpha value for family pressure items was .93, and the Cronbach alpha value for peer

and media pressure items were both .96. Consequently, both survey instruments were deemed reliable for the purpose of this study because the Cronbach alpha values exceeded the generally accepted .70 reliability threshold (Cronbach, 1951).

Overall Societal Pressures on Disordered Eating

The study was conducted to determine to what extent societal pressure of thin-ideal and beauty was correlated to disordered eating. All assumptions for a Pearson correlation were tested beforehand. Table 2 shows the correlations between disordered eating and overall societal pressures. Findings show that there was a significant positive correlation between overall societal pressures and disordered eating among Lebanese women with a Pearson correlation coefficient of $r = .69$ ($p = .000$). The correlation coefficient is considered significant for $p < .01$. As the overall societal pressure increased so did disordered eating. Therefore, perceptions of the overall societal pressures for beauty and thin ideals were shown to positively be related to disordered eating. The following is a review of the results of the analyses for the three research questions when evaluating each of the media, family, and peer influences separately, along with their corresponding hypotheses.

Research Question 1: Mass Media and Disordered Eating

Research Question 1 was developed to determine to what extent the exposure to messages of thin-ideal, beauty, and attractiveness portrayed in the mass media was correlated to disordered eating. The null hypothesis ($H1_0$) stated there would be no significant correlation between media influence and disordered eating. Table 2 shows the correlations between disordered eating and societal pressures. Findings showed that there was a significant correlation between media influence and disordered eating among Lebanese women with a moderate positive Pearson correlation coefficient of $r = .58$, $p < .01$. The correlation coefficient was significant for $p < .01$.

As the amount of self-reported media influence increased so did disordered eating. Therefore, societal pressures of beauty and thin ideals from media were shown to positively be related to disordered eating. Based on the preceding results, the null hypothesis ($H1_0$) was rejected.

Research Question 2: Family Pressure and Disordered Eating

Research Question 2 was developed to determine the extent to which the exposure to messages of thin-ideal, beauty, and attractiveness portrayed by family pressure was correlated to disordered eating. The null hypothesis ($H2_0$) stated that no significant correlation would exist between family pressure and disordered eating. Table 2shows that there was a significant correlation between family influence and disordered eating among Lebanese women with a strong positive Pearson correlation coefficient of $r = .68$, $p < .01$. The correlation coefficient was significant for $p < .01$. As the amount of self-reported family influence increased so did disordered eating. Therefore, societal pressures of beauty and thin ideals from family were shown to be positively related to disordered eating. Based on the preceding results, the null hypothesis ($H2_0$) was rejected.

Research Question 3: Peer Pressure and Disordered Eating

Research Question 3 was developed to determine the extent to which the messages of thin ideal, beauty, and attractiveness portrayed in peer pressure correlated to disordered eating. The null hypothesis ($H3_0$) stated that no significant correlation would exist between peer pressure and disordered eating. Table 2 shows that there was a significant positive correlation between peer influence and disordered eating among Lebanese women with a strong Pearson correlation coefficient of $r = .63$, $p < .01$. The correlation coefficient was significant for $p < .01$. As the amount of self-reported peer influence increased so did disordered eating. Therefore, societal

pressures of beauty and thin ideals from peers were shown to strongly be related to disordered eating. Based on the preceding results, the null hypothesis ($H3_0$) was rejected.

Exploratory Analysis

Although not hypothesized, further informal analysis was performed to explore the possibility of demographic variables affecting these results by filtering the data set based on age groups. A correlation analysis (*r*) was conducted on disordered eating and societal pressures for each age group and correlation coefficients between disordered eating and the three different societal pressures were calculated, as shown in Table 3. In order to provide the percent of variance explained, the significance of the different correlations within age groups were also tested using R-squared (R^2).

As shown in Table 3, the relationship between overall societal pressures of beauty and thinness to disordered eating among Lebanese women aged 18–24 had a very strong positive Pearson correlation coefficient of $r = .88$, $p < .01$. Results showed that 77% of disordered eating for women between 18–24 was explained by overall societal pressures. The results broken down to the three different societal pressures showed that the relationship between family influence and disordered eating among Lebanese women aged 18–24 had a very strong Pearson positive correlation coefficient of $r = .90$, $p < .01$. Peer influence had a very strong Pearson correlation coefficient of $r = .83$, $p < .01$. Lebanese women aged 18–24 had a strong positive Pearson correlation coefficient of $r = .77$, $p < .01$ for media influence. Results also showed that 80% of disordered eating for women between 18–24 was explained by family influence, 69% of disordered eating was explained by peer influence, and 60% of disordered eating was explained by media influence. Therefore, the results indicated that Lebanese women aged 18–24 were

strongly correlated by family, peer, and media pressure to be thin and beautiful, when compared to the other age groups, thus resulting in an increase in disordered eating symptoms.

The relationship between overall societal pressures of beauty and thinness and its relationship to disordered eating among Lebanese women aged 25–30 had a strong Pearson correlation coefficient of $r = .63$, $p < .01$. Results showed that 39% of disordered eating for women between 25–30 was explained by overall societal pressures. In Table 3, the results showed that the relationship between family influence and disordered eating among Lebanese women aged 25–30 had a strong positive Pearson correlation coefficient of $r = .68$, $p < .01$. Peer influence had a strong positive Pearson correlation coefficient of $r = .65$, $p < .01$. Results showed that Lebanese women aged 25–30 had a moderate Pearson correlation coefficient of $r = .57$, $p < .01$ for media influence. Results also showed that 46% of disordered eating for women between 25–30 was explained by family influence, 42% of disordered eating was explained by peer influence, and 33% of disordered eating was explained by media influence. These results revealed that Lebanese women aged 25–30 had a stronger relationship between disordered eating and family and peer influence, compared to relationship between disordered eating and media influence.

In order to provide the percent of variance explained, the significance of the different correlations within age groups were also tested using R-squared (R2). shows that the relationship between overall societal pressures of beauty and thinness to disordered eating among Lebanese women aged 31–35 had a moderate positive Pearson correlation coefficient of $r = .58$, $p < .01$. Results showed that 34% of disordered eating for women between 31–35 was explained by overall societal pressures. The relationship between family influence and disordered eating among Lebanese women aged 31–35 had a moderate positive Pearson correlation coefficient of

$r = .49$. Peer influence had a moderate positive Pearson correlation coefficient of $r = .58$, $p < .01$. Lebanese women aged 31–35 had a moderate Pearson correlation coefficient of $r = .56$, $p < .01$ for media influence. Results also showed that 24% of disordered eating for women between 31–35 was explained by family influence, 33% of disordered eating was explained by peer influence, and 31% of disordered eating was explained by media influence. Overall, Lebanese women aged 31–35 had moderate and reasonable relationships between disordered eating and family, peers, and media influence.

In order to provide the percent of variance explained, the significance of the different correlations within age groups were also tested using R-squared (R2). shows that the relationship between overall societal pressures of beauty and thinness to disordered eating among Lebanese women aged 36–39 had a strong positive Pearson correlation coefficient of $r = .74$, $p < .01$. About 54% of disordered eating for women between 36–39 was explained by overall societal pressures. The results broken down to the three different societal pressures indicated that the relationship between family influence and disordered eating amongst Lebanese women aged 36–39 had a strong positive Pearson correlation coefficient of $r = .66$, $p < .01$. Peer influence had a moderate Pearson correlation coefficient of $r = .48$, $p < .05$. Lebanese women aged 36–39 were shown to have an insignificant positive Pearson correlation coefficient of $r = .43$ for media influence. Results also showed that 43% of disordered eating for women between 36–39 was explained by family influence, 23% of disordered eating was explained by peer influence, and 18% of disordered eating was explained by media influence. The self-reported results revealed that as Lebanese women got older, they did not have as strong of a correlation between media, family, and peers.

In summary, the results showed that there was a significant relationship between all three societal pressures (media, peers, and family) and disordered eating. However, family and peer pressures were shown to have a stronger relationship between disordered eating then compared to media pressure. As for the age groups, the younger participants showed a stronger relationship between societal pressures and disordered eating then compared to the older participants. Therefore, as Lebanese women get older, they might be subjected to just as much beauty and thin ideal pressures from media, family, and peers, but may be less susceptible and vulnerable to these messages.

Discussion

Lebanese women are constantly exposed to false beauty ideals that family, peers, and media portray, and unfortunately internalize these ideals (Tabeek, 2015). Studies have been done by western researchers and scholars of psychology in regard to the effect of societal pressures for beauty and thinness on eating disorders. Although eating disorders are well understood in Western culture, research in the field of eating disorders is limited in Lebanon and across Middle East (Zeeni, Safieddine, & Doumit, 2015).

The purpose of this quantitative study was to explore the relationship between disordered eating and mass media, family, and peer societal pressures among Lebanese women. The study showed that there was a significant relationship between all three components (media, family, and peers) of societal pressures and disordered eating. Family and peer pressures were shown to have a strong relationship with disordered eating in Lebanese women, whereas media pressure was shown to have a moderate relationship with disordered eating in Lebanese women. Overall, these findings show that pressures from media, family, and peers to be thin and beautiful are associated with disordered eating.

Although not hypothesized, an informal analysis was also conducted to look at the relationship between disordered eating and social pressures among the different age groups. Lebanese women participants between the ages of 18–24 showed the strongest relationship between disordered eating and media, family, and peer societal pressures when compared to the other age groups. Although not examined in the present study, it is possible that there is more pressure on younger Lebanese women to find a suitor and get married compared to the older participants. There might also be other factors that could be influencing disordered eating such as physical and mental health. Follow-up studies using planned analyses of the generalizability of age difference findings, and possible reasons for this, might contribute to efforts to prevent disordered eating in Lebanese society.

Clinical Implications

Eating disorders are a persistent and debilitating form of psychopathology and can have a profound negative and dangerous influence on people's lives. Most people think that eating disorders are about food and attempting to lose some weight; however, eating disorders often have little to do with food. Behavior around food, weight, or exercise can all be symptoms of a greater problem, such as one's environment and culture (National Alliance on Mental Illness, 2019). Cultural pressure that overemphasizes a particular body type can place excessive pressure on people to achieve unrealistic standards. This study shows that societal pressures from media, family, and peers to be thin and beautiful can be related to disordered eating.

Because Lebanese women live in a culture that emphasizes beauty and appearance, there are many female patients suffering from eating disorders, specifically anorexia nervosa (Anderson, 2013). However, Lebanon does not have the adequate professional resources to offer treatment and support (Zeeni et al., 2015). Lebanese women often travel abroad to Europe to

seek treatment because Lebanon is underdeveloped in treating eating disorders. Mental health and disordered eating have been overlooked in Lebanon. In order to fight and combat disordered eating among Lebanese women, it is important that prevention and treatment programs be implemented in the country.

The present study did not examine actual eating disorder diagnoses, but instead looked at symptoms of disordered eating. According to the American Psychiatric Association (2013), eating disorders and other presentations in which symptoms are characterized as disordered eating are related. Despite the lack of actual eating disorder diagnoses in this study, results confirm that it is important to increase awareness in Lebanon about the relationship between disordered eating and societal pressure, and to advocate for prevention and treatment programs for Lebanese women.

Advocacy efforts should be exerted to better understand eating disorders in Lebanese society. Eating disorder prevention programs in the United States have shown to effectively increase knowledge about eating disorders and reduce some factors that place women at risk for developing eating disorders (Stice & Shaw, 2004). Therefore, advocacy efforts in Lebanon should be an important component to increase education, prevention, and treatment programs for Lebanese women suffering from eating disorders. Psychologists can also act as change agents by conducting further empirical research into the issue of eating disorders and specific disordered eating symptoms in Lebanon.

Most important, the Lebanese people must push for sociocultural change. In most Arab countries, a woman's priority and obligation to her parents is to secure a husband and bear children (Khalaf, 2012). Therefore, many Lebanese women are constantly pressured by society to aim for high beauty and thin ideals in order to be respected by society and find a proper suitor

(Schipper, 2004). Middle Eastern women are routinely scrutinized about their appearance and weight and are often forced to listen to vindictive comments about themselves if they do not meet these ideals (Alghoul, 2017).

Interventions can be developed in Lebanon to help women overcome their disordered eating patterns and the different societal pressures that are placed on them. Families help to mold and shape an individual's childhood environment, as well as their views and perspectives of themselves and the world around them (Center for Eating Disorders, 2015). Western research suggests that family therapy has proven to be an effective treatment for patients with disordered eating (Lemmon & Josephson, 2001). Families learn how to change the way they communicate, manage conflict, tolerate negative emotions, and look at relationship patterns that may have been impacted by the disordered eating or are enabling disordered eating behaviors to be maintained (Center for Eating Disorders, 2015). It is important to recognize that there is a sociocultural emphasis in Lebanese culture on beauty and thin ideals, which can have a negative effect on how women view themselves. Through family therapy can Lebanese families encourage to work together to support positive changes that will help in the recovery process and promote continued growth and healing for the family as a whole.

Limitations and Directions for Future Research

There were a few limitations to this study, one being the relatively small sample size. The demographics might not be an accurate representation of the population because not all Lebanese women can be represented by such a small sample. In addition, another limitation is that participants were volunteers. When recruiting volunteers to a study, the study might attract individuals more predisposed to the surveys and topic of study than those who do not volunteer

(Brownell, Kloser, Fukami, & Shavelson, 2013). For this reason, these findings cannot be generalized to the broader female Lebanese population.

Another limitation is that the self-reported data might be biased, and participants might not have been truthful and transparent in their responses. People in collectivistic cultures, like Lebanon, have an interdependent view of themselves (Hopper, 2015). As a result, respondents might have answered survey questions based on what they perceive others would want them to say instead of their personal views. The anonymous format was used to minimize this effect, but it is not possible to know whether participant reports were accurate. Also, disordered eating is a complex phenomenon, and many factors may be associated with its occurrence. Examples of other factors that might be associated with symptoms of disordered eating and that were not examined in this study include stressful transitions and life changes, professions and careers that promote weight loss, or aesthetically orientated sports requiring the maintenance of a lean body for enhanced performance.

This research explored results from Lebanese women. It would be valuable to study Lebanese men and see how societal pressures are related to disordered eating in men. It would also be interesting to examine how societal pressures are viewed among different religious groups and how that might influence disordered eating. The two main religious groups in Lebanon, Christians and Muslims, have different views of marriage. For Muslim women, the pressures for marriage are stronger and stricter than for Christian women. Muslim women typically are more traditional in their gender roles than other religious groups, especially regarding women's responsibilities in the home and family (Read, 2003). Therefore, Muslim women face tremendous pressure from society to get married, so these women are encouraged to keep up with their appearance and weight. Western studies have shown that Islamic religious

groups have higher prevalence rates of eating disorders than Christian religious groups (Abraham & Birmingham, 2008; Jarne, 2011). Future studies might be done in Lebanon to examine the existence of the relationships among religion, marital status, societal pressures, and eating disorders.

Another avenue for future research might be to look at whether the relationships among social pressures, disordered eating, and age are due to effects or whether they are developmental. For example, it would be interesting to see if the correlation between societal pressures and disordered eating continued to be particularly high in young women, and if the relationship decreases with age. It would be important to do further exploratory analysis with the data presented by looking at how age and education might mediate the influence of societal pressures. Future analysis might also perform planned analysis to see what the differences might be among the different age groups.

The significance of this study for women and other interested stakeholders is that it adds empirical evidence about the existence of a relationship between societal pressures to be thin and disordered eating among young women in Lebanon. Further research is needed to examine the effects of societal pressure and eating disorders among women in Lebanon. Scholars and researchers may use the present results as a guideline to further their research in the field of psychology in the Arab context.

Conclusion

Previous studies have shown that Western women can internalize the beauty and thin ideals portrayed by media, family, and peers. Based on societal pressures, these studies showed that some women start to adopt these ideals and this in turn may be associated with disordered eating. Previously, little was known about the relationship between societal pressures

(independent variable) and disordered eating (dependent variable) in Lebanese women. The research method of this study was quantitative using a correlational analysis to examine the relationship between societal pressures (media, family, peers) and disordered eating in 90 Lebanese women between the ages of 18 and 39, who were living in Lebanon. The participants responded to two questionnaires: The Eating Attitudes Test-26 (EAT-26) and the Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ-4).

Results indicated there was a significant positive relationship between the perception of societal pressure (media, family, and peers) and disordered eating among Lebanese women. Findings suggest that (a) disordered eating behaviors are present for women within Lebanon, and (b) these eating behaviors are more frequent when there is higher self-reported societal pressure. Additionally, age may influence this relationship. Given these findings, it may be particularly important that Lebanese women and psychologists advocate and empower others to recognize disordered eating in Lebanese society. Appropriate educational and psychological interventions are needed to help women reduce unhealthful eating regimens. Lebanese women also must make their voices heard and fight against complying with society's judgment of a woman's value based on her appearance and weight. Lebanese women, with the help of psychologists, must work for a better future and empower themselves with confidence and self-worth that are not largely based on society's definitions of attractiveness. Lebanese women should not give up on making their struggles known and must learn that they are worthy and valuable based on factors other than appearance.

References

Abou-Rizk, Z. & Rail, G. (2012). Disgusting fat bodies and young Lebanese-Canadian women's discursive constructions of health. *Women's Health and Urban Life, 11*, 94–123. Retrieved from https://www.utsc.utoronto.ca/~womenshealth/womenshealth/Home.html

Abraham, N. K. & Birmingham, C. L. (2008). Is there evidence that religion is a risk factor for eating disorders? *Eating and Weight Disorders, 13*, 75–78. doi:10.1007/bf03327508

Alghoul, D. (2017). Starving for life: Arab women open up about eating disorders. *Middle East Monitor.* Retrieved from https://www.middleeastmonitor.com/20170308-starving-for-life-arab-women-open-up-about-eating-disorders/

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author. doi:10.1176/appi.books.9780890425596

Anderson, B. (2013). Eating disorders among young girls are on the rise. *The Daily Star.* Retrieved from http://www.dailystar.com.lb/News/Local-News/2013/Jun-01/219096-eating-disorders-among-young-girls-are-on-the-rise.ashx

Arabic Pages. (2015). Top 10 countries with the most beautiful women (Lebanon is #8). Retrieved from https://arabicpages.com.au/article/top-10-countries-with-the-most-beautiful-women-lebanon-is-8.html

Ata, R. N., Ludden, A. B., & Lally, M. M. (2007). The effects of gender and family, friend, and media influences on eating behaviors and body image during adolescence. *Journal of Youth and Adolescence, 36*, 1024–1037. doi:10.1007/s10964-006-9159-x

Beirut AFP. (2010). Lebanese women use holidays to catch husbands. Retrieved from http://www.alarabiya.net/articles/2008/12/22/62540.html

Berel, S. & Irving, L. M. (1998). Media and disturbed eating: An analysis of media influence and implications for prevention. *Journal of Primary Prevention, 18*, 415–430. doi:10.1023/A:1022601625192

Brannen, J., Dodd, K., Oakley, A., & Storey, P. (1994). *Young people, health, and family life.* Bristol, PA: Open University Press.

Brownell, S. E., Kloser, M. J., Fukami, T., & Shavelson, R. J. (2013). Context matters: Volunteer bias, small sample size, and the value of comparison groups in the assessment of research-based undergraduate introductory biology lab courses. *Journal of Microbiology and Biology Education, 14*, 176–182. doi:10.1128/jmbe.v14i2.609

Cahill, S. & Mussap, A. (2007). Emotional reactions following exposure to idealized bodies predict unhealthy body change attitudes and behaviors in women and men. *Journal of Psychosomatic Research, 62*, 631–639. doi:10.1016/j.jpsychores.2006.11.001

Castonguay, L.G. & Oltmanns, T. F. (Eds.). (2013). *Psychopathology: From science to clinical practice*. New York, NY: The Guilford Press.

Center for Eating Disorders. (2015). Family therapy is about fostering growth and understanding. Retrieved from https://www.eatingdisorder.org/treatment-and-support/therapeutic-modalities/family-therapy/

Cronbach, L. (1951). Coefficient alpha and the internal structure of tests. *Psychometrika, 16*, 297–334. doi:10.1007/bf02310555.

Dakanalis, A., Clerici, M., Caslini, M., Favagrossa, L., Prunas, A., Volpato, C., …Zanetti, M. A. (2014). Internalization of sociocultural standards of beauty and disordered eating behaviors: The role of body surveillance, shame, and social anxiety. *Journal of Psychopathology, 20*, 1–5. Retrieved from https://www.jpsychopathol.it

Derenne, J. L. & Beresin, E. V. (2014). Body image, media, and eating disorders. *Academic Psychiatry, 30*, 257–261. doi:10.1176/appi.ap.30.3.257

Doherty, S. B. (2008). Cosmetic surgery and the beauty regime in Lebanon. *Middle East Report*, 28–31. Retrieved from www.jstor.org

Dove. (2016). New Dove research finds beauty pressures up, and women and girls calling for change. Retrieved from https://www.prnewswire.com/news-releases/new-dove-research-finds-beauty-pressures-up-and-women-and-girls-calling-for-change-583743391.html

Featherstone, M. (1982). The body in consumer culture. *Theory, Culture, and Society, 1*, 18–33. doi:10.1177/026327648200100203

Garner, D. M., Olmsted, M. P., Bohr, Y., & Garfinkel, P. E. (1982). The Eating Attitudes Test: Psychometric features and clinical correlates. *Psychological Medicine, 12*, 871–878. doi:10.1017/s0033291700049163

Grossbard, J.R., Lee, C. M., Neighbors, C., & Larimer, M. E. (2009). Body image concerns and contingent self-esteem in male and female college students. *Sex Roles, 60*, 198–207. doi:10.1007/s11199-008-9535-y

Harrison, K. & Cantor, J. (1997). The relationship between media consumption and eating disorders. *Journal of Communication, 47*, 40–67. doi:10.1111/j.1460-2466.1997.tb02692.x

Haworth-Hoeppner, S. (2000). The critical shapes of body image: The role of culture and family in the production of eating disorders. *Journal of Marriage and Family, 62*, 212–227. doi:10.1111/j.1741-3737.2000.00212.x

Hopper, E. (2015). Individualist or collectivist? How culture influences behavior. Retrieved from https://healthypsych.com/individualist-or-collectivist-how-culture-influences-behavior/

Irving, L. M. (2001). Media exposure and disordered eating: Introduction to the special section. *Journal of Social and Clinical Psychology, 3,* 259–269. doi:10.1521/jscp.20.3.259.22305

Jarne, F. J. R. (2011). Eating disorders and body dissatisfaction is double in Muslim teenagers than in Christian, Spanish study finds. *Science Daily.* Retrieved from https://canal.ugr.es/wp-content/uploads/2011/03/09032011_science.pdf

Jones, J. M., Bennett, S., Olmsted, M. P., Lawson, M. L., & Rodin, G. (2001). Disordered eating attitudes and behaviors in teenaged girls: A school-based study. *Canadian Medical Association Journal, 165,* 547–552. Retrieved from https://www.cmaj.ca

Khalaf, S. (2012). *Lebanon adrift: From battleground to playground*. London, UK: Saqi Books.

Khawaja, M. & Afifi, R. (2004). Images of body weight among young men and women: Evidence from Beirut, Lebanon. *International Journal of Eating Disorders, 58,* 352–353. doi:10.1136/jech.2003.010785

Krones, P. G., Stice, E., Batres, C., & Orjada, K. (2005). In vivo social comparison to a thin -ideal peer promotes body dissatisfaction: A randomized experiment. *International Journal of Eating Disorders, 38,* 134–142. doi:10.1002/eat.20171

Lane, E. W. (2012). *Arabian society in the middle ages: Studies from the thousand and one nights.* London, UK: William Clowes and Sons.

Lane, H. J., Lane, A. M., & Matheson, H. (2004). Validity of the Eating Attitude Test among exercisers. *Journal of Sports Science and Medicine, 3,* 244–253. Retrieved from https://www.jssm.org

Le Grange, D. L., Lock, J., Loeb, K., & Nicholls, D. (2010). Academy for eating disorders position paper: The role of the family in eating disorders. *International Journal of Eating Disorders, 43,* 1–5. doi:10.1002/eat.20751

Lemberg, R. & Cohn, L. (1999). *Eating disorders: A reference sourcebook*. Phoenix, AZ: The Oryx Press.

Lemmon, C. R. & Josephson, A. M. (2001). Family therapy for eating disorders. *Child and Adolescent Psychiatric Clinics of North America, 10,* 519–542. doi:10.1016/S1056 -4993(18)30044-0

Levine, M. P. & Murnen, S. K. (2009). "Everybody knows that mass media are/are not [pick one] a cause of eating disorders:" A critical review of evidence for a causal link between media, negative body imagine, and disordered eating in females. *Journal of Social and Clinical Psychology, 28,* 9–42. doi:10.1521/jscp.2009.28.1.9

Linville, D., Stice, E., Gau, J., & O'Neil, M. (2011). Predictive effects of mother and peer influences on increases in adolescent eating disorder risk factors and symptoms: A 3-year longitudinal study. *International Journal of Eating Disorders, 44*, 745–751. doi:10.1002/eat.20907

Mallat, S. E. (2011). *More than just another pretty face? Understanding motivations for plastic surgery among Lebanese female youth* (Master's thesis). American University of Beirut, Beirut, Lebanon.

Mazur, A. (1986). U.S. trends in feminine beauty and over adaptation. *Journal of Sex Research, 22*, 281–303. doi:10.1080/00224498609551309

Meyer, T. A. & Gast, J. (2008). The effects of peer influence on disordered eating behavior. *The Journal of School Nursing, 24*, 36–42. doi:10.1177/10598405080240010601

Mintz, L. B. & O'Halloran, M. S. (2010). The Eating Attitudes Test: Validation with DSM-IV eating disorder criteria. *Journal of Personality Assessment, 74*, 489–503. doi:10.1207/S15327752JPA7403_11

Musaiger, A. (2015). Body weight concern among female university students in five Arab countries–A preliminary cross-cultural study. *Annals of Agricultural and Environmental Medicine, 22,* 349–352. doi:10.5604/12321966.1152093

Myers, D. G. & Twenge, J. M. (2017). *Social psychology* (12 ed.). New York, NY: McGraw-Hill Education.

National Alliance on Mental Illness. (2019). Eating disorders. Retrieved from https://www.nami.org/learn-more/mental-health-conditions/eating-disorders

Nunes, M. A., Camey, S., Olinto, M. T. A., & Mari, J. J. (2005). The validity and 4-year test -retest reliability of the Brazilian version of the Eating Attitudes Test-26. *Brazilian Journal of Medical and Biological Research, 38*, 1655–1662. doi:10.1590/S0100 -879X2005001100013

Oliver, K. K. & Thelen, M. H. (1996). Children's perceptions of peer influence on eating concerns. *Behavior Therapy, 27*, 25–39. doi:10.1016/S0005-7894(96)80033-5

Oxford Dictionary. (2013). Retrieved from http://www.oxforddictionaries.com/ definition/english/beauty.

Park, S. (2005). The influence of presumed media influence on women's desire to be thin. *Communication Research, 32*, 594–614. doi:10.1177/0093650205279350

Pinhas, L., Toner, B. B., Ali, A., Garfinkel, P.E., & Stuckless, N. (1999). The effects of the ideal of female beauty on mood and body satisfaction. *Journal of Eating Disorders, 25*, 223 –226. doi:10.1002/(sici)1098-108x(199903)25:2<223::aid-eat12>3.0.co;2-b

Polivy, J., Garner, D. M. & Garfinkel, P. E. (1986). *Causes and consequences of the current preference for thin female physiques*. Hillsdale, MI: N.S. Erlbaum Associates.

Read, J. G. (2003). The sources of gender role attitudes among Christian and Muslim Arab -American women. *Sociology of Religion, 64*, 207–222. doi:10.2307/3712371

Rhodes, B. & Kroger, J. (1992). Parental bonding and separation individuation difficulties among late adolescents eating disordered women. *Child Psychiatry and Human Development, 22*, 249–263. doi:10.1007/BF00707667

Rodgers, R. F., Schaefer, L. M., Thompson, J. K., Girard, M., Bertrand, M., & Chabrol, H. (2016). Psychometric properties of the Sociocultural Attitudes Towards Appearance Questionnaire-4 (SATAQ-4) in French women and men. *Body Image, 17*, 143–151. doi:10.1016/j.bodyim.2016.03.002

Saha, U., & Saha, S. (2017). The unquenchable quest for beauty. *International Journal of Social Sciences, 6*, 59–69. doi:10.5958/2321-5771.2017.00008.4

Schaefer, L. M., Burke, N. L., Thompson, J. K., Dedrick, R.F., Heinberg, L. J., Calogero, R. M., …Swami, V. (2015). Development and validation of the Sociocultural Attitudes Towards Appearance Questionnaire-4 (SATAQ-4). *Psychological Assessment, 27*, 54–67. doi:10.1037/a0037917

Schipper, M. (2004). *Never marry a woman with big feet: Women in proverbs from around the world*. London, UK: Yale University Press.

Shin, K., You, S., & Kim, E. (2017). Sociocultural pressure, internalization, BMI, exercise, and body dissatisfaction in Korean female college students. *Journal of Health Psychology, 22*, 1712–1720. doi:10.1177/1359105316634450

Smolak, L. & Levine, M. P. (2015). *The Wiley handbook of eating disorders*. Hoboken, NJ: Wiley-Blackwell.

Stice, E., Maxfield, J., & Wells, T. (2003). Adverse effects of social pressure to be thin on young women: An experimental investigation of the effects of "fat talk." *International Journal of Eating Disorders, 34*, 108–117. doi:10.1002/eat.10171

Stice, E. & Shaw, H. (2004). Eating disorder prevention programs: A meta-analytic review. *Psychological Bulletin, 130*, 206–227. doi:10.1037/0033-2909.130.2.206

Suad, J. (1994). *Gender and family in the arab world*. Washington, D.C.: Middle East Report.

Tabeek, M. (2015). Lebanese women feel inner beauty not enough. Retrieved from https://www.al-monitor.com/pulse/originals/2015/02/lebanon-beauty-standards-women-plastic-surgery.html

Thompson, J. K. & Heinberg, L. J. (1999). The media's influence on body image disturbance and eating disorders: We've reviled them, now can we rehabilitate them? *Journal of Social Issues, 55,* 339–353. doi:10.1111/0022-4537.00119

Thompson, J. K. & van den Berg, P. (2000). *A revision and extension of the Sociocultural Attitudes Towards Appearance Questionnaire*. Paper presented at the Ninth international Conference of the Academy of Eating Disorders, New York.

Thompson, J. K., Schaefer, L. M., Burke, N. L., Heinberg, L. J., Calogero, R. M., Bardone-Cone, A. M., …Vercellone, A. C. (2011, September). Development and validation of the 4th version of the Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ-4). Poster presented at the annual Eating Disorder Research Society Meeting, Edinburgh, Scotland.

van den Berg, P., Thompson, J. K., Obremski-Brandon, K. & Coovert, M. (2002). The tripartite influence model of body image and eating disturbance: A covariance structure modeling investigation testing the meditational role of appearance comparison. *Journal of Psychosomatic Research, 53,* 1007–1020. doi:10.1016/S0022-3999(02)00499-3

Whale, K., Gillison, F. B., & Smith, P. C. (2014). 'Are you still on that stupid diet?': Women's experiences of societal pressure and support regarding weight loss, and attitudes towards health policy intervention. *Journal of Health Psychology, 19*, 1536–1546. doi:10.1177/1359105313495072

Yazbeck, N. (2007). *Culture of the catch: A glimpse into the sexual scripts of the eligible Beirut bachelor* (Master's thesis). American University of Beirut, Beirut, Lebanon.

Ze'evi, D. (2006). *Producing desire: Changing sexual discourse in the Ottoman Middle East, 1500–1900*. Los Angeles, CA: University of California Press.

Zeeni, N., Safieddine, H., & Doumit, R. (2015). Eating disorders in Lebanon: Directions for public health action. *Community Mental Health Journal, 53*, 117–125. doi:10.1007/s10597-015-9917-x

Appendix A: Demographic Data Questionnaire

Gender: Female, Male

Age Group (years): Less than 20, 20–39, 40–49, 50 and Over

Education Level: High School, Bachelor's Degree, Master's Degree, Professional/Doctorate, Post Graduate

Ethnicity: _____

Were you raised in Lebanon? No or Yes

Do you currently live in Lebanon? No or Yes

If so, what city or town in Lebanon do you live in? _____

Do you have any medical issues that impact the way you eat? No or Yes

Appendix B: Introductory Email for Recruiting Participants

Hello,

I am a student at Antioch University of New England, in state of New Hampshire in the United States of America, working on a Doctorate in Clinical Psychology. I am conducting a research study entitled ***The Relationship of Societal Pressures and the Development of Problem Eating Among Lebanese Women***. The purpose of the research study is to examine the relationship between societal pressures on Lebanese women to be thin, and if that may develop eating disorders.

I am emailing to ask if you would like to take about 10–15 minutes to complete three surveys for the research study. Your participation only consists of completing three surveys: a demographic survey, the Eating Attitudes Test, and the Sociocultural Attitudes Towards Appearance Questionnaire-4. Your participation is completely voluntary. Your identity and answers will remain anonymous and confidential. If you choose not to participate or to withdraw from the study at any time, you can do so without penalty or loss of benefit to yourself. In this study, there are no foreseeable risks to you.

If you would like to participate in the study, please click on the following secure link to complete the surveys: www.doctoralsurveys.com

If you have any questions concerning the research study, please do not hesitate to contact me at XXX@gmail.com.

Thank you for your time.

Sincerely,

Rita Hage

Appendix C: Informed Consent

Project Title: The Relationship of Societal Pressures and the Development of Problem Eating Among Lebanese Women

Principal Investigator: Rita Hage, M.A., M.S.
Department of Clinical Psychology
Antioch University of New England
XXX@gmail.com

Nature of the Project:

You are being asked to participate in a research study that involves three surveys. The research is being conducted for a dissertation project in the Department of Clinical Psychology at Antioch University of New England. The purpose of this study is to look at the effects of societal pressures on Lebanese women to be beautiful and thin, and if that may lead to eating disorders. You must be a Lebanese woman between 20 and 39 years old. You must also have been raised and currently living in Lebanon to participate.

Explanation of Procedures:

As a research participant, you will be asked to complete three questionnaires. When accepting the terms of the informed consent, you will be presented with a demographic questionnaire, the Eating Attitudes Test (EAT-26) questionnaire, and the Sociocultural Attitudes Towards Appearance (SATAQ-4) questionnaire. Your participation in this research should not take more than ten to fifteen minutes.

Potential Discomfort and Risks:

The research involves no more than minimal risk and is not expected to produce any discomfort. You are also free to end your participation at any time without any explanation. Refusal to participate in the study will involve no penalty or loss of benefits to which you are entitled.

Confidentiality:

Data obtained in this study will be encoded and kept **confidential.** You are not required to provide your name, and no identifiable information will be linked to the data you provide. Only information that cannot be traced to you will be used in research reports, and only generalized data from an expected group of 85 participants will be published. Your participation is entirely **anonymous.** The principal investigator is the only person who will have access to the raw data.

Potential Benefits:

There are no financial or monetary rewards for participation in this study. By participating you will help clinical psychology professionals understand some aspects and effects of societal pressures on women.

Withdrawal from the Project:

Your participation in this study is **completely voluntary**. You may refuse to participate without any penalty or loss of benefits to which you are otherwise entitled. You may also

withdraw or discontinue your participation in the study at any time without giving any reasons and without penalty or loss of benefits to which you are otherwise entitled.

Who to Contact if You Have Any Questions:

This research has been approved by the Institutional Review Board (IRB) of Antioch University of New England. If you have any questions, concerns, or complaints about the study, or if you want to learn about the results, you may contact the principal investigator (Rita Hage) at XXX@gmail.com.

Thank you for your time!

Button to Press “Accept”

Tables

Table 1

Cronbach's Alpha

Instrument	Cronbach's Alpha	No. of Items
EAT26 (*N*=90)	.926	26
SATAQ-4 (*N*=90)	.963	22
Family (*N*=90)	.934	4
Peer (*N*=90)	.958	4
Media (*N*=90)	.963	4

Table 2

Correlations of Disordered Eating and Societal Pressures

Societal Pressures		Family Influence	Peers Influence	Media Influence	Overall Societal Pressures
	r	.675**	.634**	.577**	.687**

** Correlation is significant at the .01 level (2-tailed)

Table 3

Correlations of Disordered Eating and Societal Pressures by Age Group

Societal Pressures		Age Group	Family Influence	Peers Influence	Media Influence	Overall Societal Pressures
Disordered Eating (*N*=17)	*r*	18 – 24	.896**	.829**	.774**	.877**
Disordered Eating (*N*=32)	*r*	25 – 30	.679**	.649**	.573**	.628**
Disordered Eating (*N*=21)	*r*	31 – 35	.492*	.575**	.558**	.582**
Disordered Eating (*N*=20)	*r*	36 – 39	.659**	.481*	.430	.736**

** Correlation is significant at the $p = .01$ level (2-tailed)
* Correlation is significant at the $p = .05$ level (2-tailed)